

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE**

**NUMBER: 1618
VERSION: 3**

SUBJECT/TITLE: MEDICATION ORDER PROCESSING AND DISTRIBUTION

POLICY: Medications are administered to patients from single dose units or in small commercially available sized units which are appropriately packaged, labeled, and stored to ensure safe medication dispensing in accordance with applicable regulatory requirements.

PURPOSE: To provide a patient medication distribution and administration system as an interdisciplinary collaborative process to ensure the safe delivery of medications to patients.

DEPARTMENTS: All

DEFINITIONS: **ORCHID:** Los Angeles County Department of Health Services Online Real-Time Centralized Health Information Database – Cerner® is an integrated electronic health record that can be accessed by authorized staff across all DHS facilities, hospitals, clinics and departments.

Pyxis Connect®: A provider order document imaging system used to send medication orders to the Inpatient Pharmacy for processing via a high-resolution scanned image.

Pyxis Medstation® Rx Profile: An automated dispensing system allowing access to medications prescribed for a given patient, following a pharmacist review.

Pyxis Medstation® (Non-Profile): An automated dispensing system allowing access to all medications loaded in a given machine.

PROCEDURE:

- A. Patient Information
 - 1. The following information will be accessible in ORCHID to providers and staff who participate in the management of the patient’s medications:
 - i. Age
 - ii. Sex
 - iii. Diagnoses
 - iv. Allergies
 - v. Sensitivities
 - vi. Current medications
 - vii. Height and weight

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- viii. Pregnancy and lactation information (when necessary)
- ix. Laboratory results

B. Medication Orders (Refer to Policy #1599, Guideline for Medication orders)

- 1. Provider initiates order via computerized provider order entry

C. Transmission of medication orders to pharmacy

- 1. ORCHID will transmit all medication orders to pharmacy for processing.
 - i. Exceptions include autoverified medications from emergency department and outpatient clinics
- 2. Select medication orders remain on paper physician orders. These orders, such as inpatient chemotherapy, will be scanned to the Inpatient Pharmacy via Pyxis Connect for a pharmacist to process.

D. Medication Order Review

- 1. A pharmacist reviews all providers' medication orders for items i. to xii. below, before the first dose is dispensed, unless a licensed independent practitioner controls the ordering, preparation and administration of the medication; or in urgent situations when the resulting delay would harm the patient, including situations in which the patient experiences a sudden change in clinical status.
 - i. Drug name
 - ii. Drug strength
 - iii. Appropriateness of the medication, dose, frequency, and route of administration
 - iv. Current or potential impact as indicated by laboratory values
 - v. Patient allergies and potential sensitivities
 - vi. Existing or potential interactions between the medications ordered and food and medications the patient is currently taking
 - vii. Therapeutic duplication
 - viii. Compatibilities
 - ix. Other contraindications
 - x. Variations from the hospital's indication for use
 - xi. Formulary restrictions
 - xii. Black Box Warnings
- 2. If the reviewed order is incomplete, illegible, unclear, questionable, and/or has any other irregularities that may be a cause of concern, the pharmacist is to immediately contact the provider to clarify/resolve the medication order PRIOR to the verification and dispensing of the medication.
 - i. The pharmacist will document any pharmacy intervention that pertains to the medication order.

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E. Patient Medication Labels

1. Upon completion of a pharmacist's verification, a patient's medication label will be generated for those medications not stocked in Pyxis
2. All medications containers shall be labeled whenever medications are prepared but not immediately administered
 - i. An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process.
3. The pharmacy label will contain:
 - i. Name of patient, MRUN, FIN, ward and bed location
 - ii. Drug name, strength, dosage, frequency, route of administration
 - iii. The diluent for all compounded intravenous admixtures
 - iv. The date prepared
 - v. Any cautionary warnings (e.g. For External Use, Shake Well, Caution: Hazardous Drug, etc.)
 - vi. Storage conditions (e.g. Refrigerate, Protect from Light, etc.)
 - vii. Expiration or beyond use date (when necessary)
4. The label shall not cover the manufacturer's drug name, strength, barcode, expiration date, and lot number.

F. Drugs that are not commercially available in unit doses such as ophthalmic, otic, nasal, vaginal/rectal preparations, topical creams and ointments, oral aerosols, and bulk internal liquids shall be dispensed in the smallest size commercially available container/package to meet the patient's need.

G. Non-Pyxis Medication Distribution on Wards (Profiled Pyxis Areas)

1. ORCHID will generate a daily batch report of patient specific medications that are not available in Pyxis.
 - i. These medications will be filled daily and delivered to patient specific area or loaded to Pyxis medstation for dispensing.
 - ii. Medications that require storage at refrigerator temperature shall be stored appropriately until delivery or picked-up.
2. After pharmacist verification, the medication will be delivered to the patient's bins, at an established exchange/delivery time and stored under appropriate conditions.
 - i. Adult Inpatient Wards: Pyxis tower and refrigerator contains partitioned bins identified by the ward's bed location.
 - ii. Pediatric Inpatient Wards: Locked patient cassettes are identified with ward's bed location.
 - iii. Only authorized personnel shall have access to patient's bins containing medications.
3. New medication orders and missing doses will be filled on demand,

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- verified by a pharmacist and delivered to the nursing unit when ready.
4. Medications are not to be left outside and unattended on top of any Pyxis unit or medication cart.
 5. Discontinued medications and medications for discharged patients will be collected by pharmacy personnel and returned to pharmacy.
 - i. Non-administered/unused medications that have not expired and have met appropriate storage conditions (refrigerated, protect from light, etc.) may be re-used.
 - ii. Used/Opened or expired medications may **NOT** be re-dispensed nor re-issued to other patients (i.e., ENT medications, oral liquids containers, creams/ointments, etc.)

H. Floor Stock Drug Lists

1. Floor stock drugs shall be kept to a minimum to ensure patient safety and effective drug control. Ideally, floor stock drugs shall be limited to drugs for urgent or emergent needs only.
2. Medications stored as floor stock must be reviewed and approved by the Pharmacy & Therapeutics (P&T) Committee
 - i. The patient care area is responsible for submitting “Request to add/increase PAR on Floor Stock” Form to be considered
 - ii. Non-Formulary drugs shall not be stocked as floor stock.
 - iii. Investigational drugs shall not be stocked as floor stock without the explicit approval of both the P&T Committee and IRB (refer to policy #507, Investigational Drugs, for more details)
3. Floor stock drugs are electronically ordered by nursing or medical staff using the Pharmacy Ordering System available on the pharmacy intranet site.
 - i. No floor stock orders will be filled on weekends or holidays
 - ii. Nursing or medical staff may pick up floor stock medications between 8am-4:30pm Monday-Friday.
4. Floor stock orders will be filled by a pharmacy technician and verified by a pharmacist for accuracy prior to dispensing.
5. Nursing staff, including Registered Nurses, Licensed Vocational Nurses, Certified Nurse Assistants and clerical staff may pick up non-controlled floor stock drugs. Controlled substances must be picked up by licensed personnel.
 - i. Staff must sign the receipt log sheet upon receiving medication
 - ii. Medications must be transferred direction to a secured medication storage area.
6. Accountability of Floor Stock Drugs in Clinic Areas
 - i. Proof of Use Record(s) (POUR) are provide to the staff member when they pick up floor stock medications from the

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- pharmacy
 - ii. As each unit of medication is used the nurse will record the date, patient’s name, MRUN and subtract the quantity given from the previous total on the POUR.
 - iii. When the medications corresponding to a POUR are all used, the nurse will return the POUR to the pharmacy to replenish these drugs and receive a new POUR.
 - iv. Pharmacy will review the use of these medications as determined by pharmacy management.
7. Floor Stock Drugs Records Documentation and Retention
- i. Hard copies of completed requisitions are filed by date and patient care area and kept for at least 3 years
 - ii. Receipt log sheets are kept for at least six months
 - iii. Floor stock requisitions are compiled and entered in the master workload report for the Department of Pharmacy

I. Patient Ward Movement

- 1. Nursing shall transfer the patient’s (non-Pyxis) medications with the patient to receiving nursing personnel on the unit/ward accepting the patient transfer.

J. Medications Brought From Home

- 1. Refer to Policy, Patients Own Medications

K. Bedside Medications

- 1. Refer to Policy, Prescribing and Administration of Drugs

References: Comprehensive Accreditation Manual for Hospitals Practice Standards; Title 22	
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